EMPLOYER'S/PRINCIPAL'S EXPENDITURE REPORT FORM 508 COVERING JANUARY 1 - JUNE 30, 2006 - DUE AUGUST 16 COVERING JANUARY 1 - DECEMBER 31, - DUE FEBRUARY 15 JECUART & L.S.A.R.S. 49.76G(2)(a), an employer or prexipal of a lobbylist may steed to the line Lobbyling Expenditure Reports as coursed by Tibe 49 on behalf of all of its lobbylists. This reporting form is only to be used by principals or employers who have corrected this option by timely filting the Expectative Leabyling Expenditure Reporting Designation Form and one reporting on behalf inchirregistered executive Leabyling. Expenditure Reporting Designation Form and one reporting on behalf inchirregistered executive Leabyling. 2415 Quali Drive, 3 3rd rd Floor, Baton Rouge, LA 70808 CR Fax to: (225) 763-8787 or (225) 763-8780 Employer/Principal GlaxoSmithKline Employer/Principal GlaxoSmithKline Business address Teach and Mo. Cay Business address Street and Mo. City State Tracey Milling Address City State Teach Tea	. 5xec#336	lichael	Buichard, M	ϵ				ř
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die ei			POR LINE AND ADDRESS OF	- P	45,690.75
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PROV	IDE BELOW: (a) the ag	gregate total of all II expenditures of 1 - December 31 reporting period	turning mit Jainvery 1 - Jun 1 when applicable; (c) the	aggregate total of all expand	tures mada
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o Name	e: Cooper	James	20 20	Executive ID#	361
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28) Name	E Fontana	Final	MI		Near Street Land
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7) Name:	Fleniken	James		Executive ID#	337
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3) Name:	Guichard	Michael	- W	Executive ID#	336
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) Neme:	Last	First	MI		
\ Momo-	Darring	Nicholas		Executive ID#	

(When Applicable) (Include expanditures from Schedules A and 8)

c. Total of all executive lobbying expenditures made during calendar year: (Line "e" added to Line "b" should equal Line "c") 45,690.75

B. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbyfists.

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief, and that no information required by LSA-R.S. 49;71 et seq. has been deliberately amitted.

Signature of Employer/Principal of Representative

Print or Type Full Name

EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL S EXPENDITURE REPORT ATTACHMENT

This Attachment is to be used to complete Rem #8 of Form 508, the report form for principals and employers who have elected to report on behalf of their executive lobbyists. Make as many copies of this form as needed for the completion of the expanditure report. Identify each page with a number and indicate the total number of pages being submitted.

LOBBYI	ST GUICHARD	MICH	AEL-			EXEC ID #_	336	
LCDB11	Los	Fiex		MI		n		5 9;
A	Total of all executive labbying of flactude expend	rpenditures made jtures from Schedu	January 1 the des A and B)	rough June 30): \$_	20	9.92	
	Total of all executive lobbying ex (When Applicate	ependitures made de) (Include espe	July 1 through	gh December Schedules A so	31: 5_ d B)			
	Total of all executive lobbying et (Adding above a	openditures made apenditure lineasi	during cales rould equal thi	dar year. s total.]	\$ <u>.</u>		69.97	
₽.	Did this lobbyist make an expens	liture exceeding	850 on one oc	casion for an	ಲಸಕರುಟ್	e branch off	cial:	
	From January 1 through De From July 1 through De	June 30? cember 31?	□ Yes		No No)	fA.	
	If the answer to either question i	n Babove je YES	, complete Sci	hedule A and	ettech.			
c.	Did this lobbyist make expendin	res exceeding th	e sum of \$250	for an execu	tive bru	och official:		
	From Junuary 1 through June 30 From July 1 through December 3	Yes 117 Yes	日	No □		NA 💢		
	If the enswer to either question	in Cabove is YES	ŝ, complete S	chedule A ap	i attach.		77. 2.3	
D.	Did this lobbyist expend funds for executive branch officials were i	nt any reception, avited during thi	social gatheri s reporting po	ng, or other t enod?	inction	m which mo	re tháir two	епту-6ч
	Yes □		No 🏋				 	
	If the answer to D above is YES,	complete Schedu	de B and attac	ah-			12 6	

OF BELOW (a) the name of the executive branch department and chedule; (b) the aggregate total of all expenditures attributable to the lune 30 reparting period; (c) the aggregate total of all expendituding the July 1 - December 31 reporting period when applicable this lobbyist in a calendar year attributable to the agency.	the agency made by this tobbyist durin ures attributable to the agency made by
a. Name of Department and Individual Agency: DEPALTO	MENT OF HEALTH AN
b. Total of all expenditures made January 1 through June 30:	, 269.92
c. Total of all expenditures made July 1 through December 31: (When applicable)	<u> </u>
d. Total of all expenditures made during the calendar year:	s 269.92
e. Name of Department and Individual Agency:	
b. Total of all expenditures made January 1 through June 30:	5
c. Total of all expenditures made July 1 through December 31: (When applicable)	s
d. Total of all expenditures made during the calendar year.	\$
a. Name of Department and Individual Agency:	
b. Total of all expenditures made January 1 through June 30:	5
c. Total of all expenditures made July 1 through December 31: (When applicable)	
d. Total of all expenditures made during the calendar year.	s
a. Name of Department and Individual Agency:	32
b. Total of all expenditures made January 1 through June 30:	5
c. Total of all expanditures made July 1 through December 3t: (When applicable)	-
d. Total of all expenditures made during the calendar year.	\$
	chedule; (b) the aggregate total of all expenditures attributable to 1- June 30 reporting period; (c) the aggregate total of all expendituring the July 1 - December 31 reporting period when applicable this lobby ist in a calendar year attributable to the agency. a. Name of Department and Individual Agency: DEPALTA HUSPITALS: TANY INSTITUTION UN b. Total of all expenditures made July 1 through June 30: c. Total of all expenditures made during the calendar year. a. Name of Department and Individual Agency: b. Total of all expenditures made July 1 through December 31: (When applicable) d. Total of all expenditures made July 1 through December 31: (When applicable) d. Total of all expenditures made during the calendar year: a. Name of Department and Individual Agency: b. Total of all expenditures made during the calendar year: a. Name of Department and Individual Agency: b. Total of all expenditures made July 1 through June 30: c. Total of all expenditures made July 1 through December 31: (When applicable) d. Total of all expenditures made during the calendar year: a. Name of Department and Individual Agency: b. Total of all expenditures made during the calendar year: a. Name of Department and Individual Agency: b. Total of all expenditures made July 1 through December 31: (When applicable) b. Total of all expenditures made January 1 through June 30: c. Total of all expenditures made January 1 through December 31: (When applicable)

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SCHEDULE A: EXPENDITURES FOR EXECUTIVE BRANCH OFFICIALS

This schedule must be completed if, during the period January 1 through June 30 or the period July 1 through December 31, oral of your registered executive tobbyists made either a) an expenditure for any executive branch official exceeding \$50 on any one occasion or b) aggragate expenditures exceeding \$250 for any one executive branch official during a reporting period, then you must provide the name of the lobbyist who made the expenditure(s) and the aggragate total of expenditures made on that include in that reporting period. Make as many copies as are necessary. Each lobbyist should have his own Schedule A if one is required. NOTE: Report covering July - December is cumulative. You must include reportable expenditures from the first half of the year in Column #3.

- EVERUTNE GERIOIALIO		from the first half of the year in C	4. AMOUNT OF	6. TOTAL OF
1. EXECUTIVE OFFICIAL'S NAME Some Healthcare workers who are not LA State Officials may be incorrectly listed below due to lack of state data	AGENCY AS LISTED IN THE EXECUTIVE BRANCH SCHEDULE due to limited state day, ell are deemed to be in one agency		EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JULY 1 AND DECEMBER \$1	COLUMNS 3 AND 4
The expenses attributed to include expenses for the HCP		<u>.</u>		
ANJANI, NARRA	VII; 7	54.01		54.01
MINATI, BISWAS	VII; 7	36.49		38.49
A, JAYARAMAN	VII; 7	30.91	0 00	30.91
LOUIS, DEDON	VII; 7	36.49	- W	38.49
ANIEDI, UDOFA	VII; 7	54.01	944	54.01
YVETTE, DRAKE	VII; 7	54.01		54.01
			Sir Room	9 12 15a